



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-5

Edward B. Kinports, Treasurer
Citizens for Responsible Government
3101 Broadway, Suite 1000
Kansas City, MO 64111

JUL 29 1994

Identification Number: C00277608

Reference: Year End Report (7/1/93-12/31/93)

Dear Mr. Kinports:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your 1992 Year End Report (pertinent portion(s) attached) disclosed a contribution(s) which appears to exceed the limits set forth in the Act. The Act precludes a committee from receiving contributions from another political committee or a person in excess of \$5,000 per calendar year. 2 U.S.C. §441a(f)

The Commission notes your refund(s) of the excessive contribution(s) disclosed on this report. Although the Commission may take further legal action concerning the acceptance of an excessive contribution(s), your prompt action in refunding the contribution(s) will be taken into consideration.

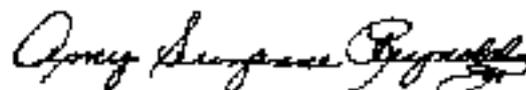
-Schedule A of your report (pertinent portion(s) attached) discloses the receipt of a refund(s) of an excessive contribution(s) made to a federal candidate(s). The Act precludes a political committee, other than a multi-candidate committee, from making a contribution to a candidate for federal office in excess of \$1,000 per election. 2 U.S.C. §441a(a)

The Commission notes the receipt of the refund(s) of the excessive contribution(s). Although the Commission may take further legal action concerning the excessive contribution(s), your prompt action in obtaining a refund(s) of the contribution(s) will be taken into consideration.

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Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Amy Suzanne Reynolds
Reports Analyst
Reports Analysis Division

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94037154178

SCHEDULE A

ITEMIZED RECEIPTS

(See instructions to contributors on back of this page.) Attach to Schedule (b) with category of the Deductible Contribution Page	FALA 67 11/11 FIVE LINE NUMBER 11/11
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Any information on this form and Reports and Statements may not be used by any person for the purpose of determining contributions on the Form 1040 or for purposes other than using the name and address of the political committee to solicit contributions from such contributor.

NAME OF COMMITTEE (in Full)
CITIZENS FOR RESPONSIBLE GOVERNMENT

94039151179

A Full Name, Mailing Address and ZIP Code EDWARD E KINBERTS, JR. 3101 BROADWAY, SUITE 1000 KANSAS CITY, MISSOURI 64111	Name of Employer EMERGENCY MEDICAL SERVICES, INC.	Date (month, day, year) 11/27/72	Amount of Each Receipt this Period \$ 3,500.00
	Occupation CEO	Aggregate Year to Date \$ 3,500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B Full Name, Mailing Address and ZIP Code EDWARD E KINBERTS, JR. 3101 BROADWAY, SUITE 1000 KANSAS CITY, MO. 64111	Name of Employer EMERGENCY MEDICAL SERVICES, INC.	Date (month, day, year) 12/1/72	Amount of Each Receipt this Period \$ 2,700.00
	Occupation CEO	Aggregate Year to Date \$ 6,200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year to Date	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

D Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year to Date	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

E Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year to Date	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

F Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year to Date	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

G Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year to Date	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

TOTAL: \$ 6,200.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1 FOR LINE NUMBER 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

CITIZENS FOR RESPONSIBLE GOVERNMENT

A. Full Name, Mailing Address and ZIP Code

CONRADELL FOR SENATE COMMITTEE
P.O. Box 14503
ATLANTA, GEORGIA 30324

Name of Employer

U.S. GOVERNMENT

Date (month, day, year)

9/13/92

Amount of Each Receipt this Period

1,500.00

Receipt For:

Primary

General

Other (specify): REFORM - EXCESS CONTRIBUTION

Occupation

U.S. SEN

Aggregate Year-to-Date

\$ 1,500.00

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date

\$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date

\$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date

\$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date

\$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date

\$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date

\$

SUBTOTAL of Receipts This Page (optional)

1,500.00

TOTAL This Period (last page this number only)

1,500.00

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